Please type a plus sign (+) inside this box -> + PTO/SB/81 (02-01)
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TBA **Application Number** Filing Date POWER OF ATTORNEY OR YOLLES **First Named Inventor AUTHORIZATION OF AGENT** Group Art Unit Examiner Name 36861-00002 Attorney Docket Number I hereby appoint: Practitioners at Customer Number 27171 Practitioner(s) named below: Registration Number TRADEMARK O Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer OR Number Bar Code Practitioners at Customer Number Label here OR Firm or Individual Name Address Address State ZIP City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

SIGNATURE of Applicant or Assignee of Record

**BRIAN YOLLES** 

\*Total of 1 forms are submitted.

anuary 31, 2002

Submit multiple forms if more than one signature is required, see below\*.

Name Signature

**Certified Copy Attached?** 

NO

YES

36861-00002

**Yolles** 

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**DECLARATION FOR UTILITY OR** 

DESIGN PATENT APPLICATION

claimed.

**Prior Foreign Application** 

Number(s)

Attorney Docket Number

First Named Inventor

(37 CFR 1.63)	Application Number	TBA/						
☑Declaration ☐Declaration Submitted OR Submitted after Initia	Filing Date							
With Initial Filing (surcharge	Group Art Unit							
Filing (37 CFR 1.16 (e)) required)	Examiner Name							
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled								
METHOD AND SYSTEM FOR INSURING AGAINST INVESTMENT LOSS								
		}						
the specification of which (Title of the Invention)								
is attached hereto								
OR								
was filed on (MM/DD/YYYY)	as United States Ap	plication Number or PCT International						
Application Number and was amended on (MM/DD/YYYY) (If applicable)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is applications, material information which became availa international filing date of the continuation-in-part applies	ble between the filing date of the p	I in 37 CFR 1.56, including for continuation-in-part rior application and the national or PCT						
I hereby claim foreign priority benefits under 35 U.S.C. breeder's rights certificate(s), or 365(a) of any PCT in States of America, listed below and have also identified the product of	iternational application which design the box any for the box and the	nated at least one country other than the United oreign application(s) for patent, inventor's or plant						

## [Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name BRIAN (first and middle [if any])	Family Name YOLLES or Surname								
Inventor's Brain Jolles				Date	//:	31/02			
Carmel	IN	1		U.S.A.		NITED STATES			
Residence: City	State		Country		C	Citizenship			
10601 WHERESE Winterwood									
Mailing Address									
Carmel	IN		46032		U	U.S.A.			
City	State	State		Zip		Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])									
Inventor's Signature				Date					
Residence: City	State		Country		Cit	Citizenship			
Mailing Address									
Mailing Address	1				T				
City	State		Zip		Co	Country			
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									